

Carella, Byrne, Bain & Gilfillan
CLIENT/MATTER DATA FORM

Side One

Instructions:
Client: New, change, etc. — Use Side One
Matter: New, change, etc. — Use Side Two

Date 2/1/90
Prepared By SS
Entered By _____

CHECK ONE	CHECK ONE				
<input type="checkbox"/> Client	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Delete	<input type="checkbox"/> Transfer	
<input type="checkbox"/> Non-Billable	<input type="checkbox"/> Close	<input type="checkbox"/> Reopen	<input type="checkbox"/> Activate	<input type="checkbox"/> Inactive	
<input checked="" type="checkbox"/> Matter					

CLIENT/NON-BILLABLE — To ADD or CHANGE

Client # _____ Client Name _____

Date Opened _____ Group _____ Rate _____

Lawyer Responsible _____ Assigned _____ Originating _____

Billing Cycle 1. monthly 3. semi-annual
2. quarterly 4. annual Month to Bill _____ Statement Format _____

Contact _____
and _____
Telephone Number _____ Industry _____

Charge _____
Interest _____ Reminder Statement _____ Client Address _____

Name and Address _____

CLIENT/NON-BILLABLE — To CLOSE, REOPEN, TRANSFER, or DELETE

Client # _____ Client Name _____

Close _____ Open _____

Transfer _____ Client _____

To Client _____ Client # _____ Name _____

Delete _____ Effective Date _____

Ruben EXHIBIT #46

BEST AVAILABLE COPY

Carella, Byrne, Bain & Gilfillan

CLIENT/MATTER DATA FORM

Side One

Instructions:
Client: New, change, etc. — Use Side One
Matter: New, change, etc. — Use Side Two

Date 2/1/96
Prepared By ZCX
Entered By _____

CHECK ONE		CHECK ONE			
<input type="checkbox"/> Client	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Delete	<input type="checkbox"/> Transfer	
<input type="checkbox"/> Non-Billable	<input type="checkbox"/> Close	<input type="checkbox"/> Reopen	<input type="checkbox"/> Activate	<input type="checkbox"/> Inactive	
<input checked="" type="checkbox"/> Matter					

CLIENT/NON-BILLABLE — To ADD or CHANGE

Client # _____ Client Name _____

Date Opened _____ Group _____ Rate _____

Lawyer Responsible _____ Assigned _____ Originating _____

Billing Cycle 1. monthly 3. semi-annual
2. quarterly 4. annual Month to Bill _____ Statement Format _____

Contact _____
and Telephone Number _____ Industry _____

Charge _____ Reminder _____ Client _____
Interest _____ Statement _____ Address _____

Name and Address _____

CLIENT/NON-BILLABLE — To CLOSE, REOPEN, TRANSFER, or DELETE

Client # _____ Client Name _____

Close _____ Open _____

Transfer _____ Client _____

To Client _____ Client # _____ Name _____

Delete _____ Effective Date _____

Ruben EXHIBIT 2046
Ruben v. Wiley et al.
Interference No. 105,077
RX 2046

BEST AVAILABLE COPY

Carella, Byrne, Bain & Gilfillan

CLIENT/MATTER DATA FORM

Side One

Instructions:
Client: New, change, etc.—Use Side One
Matter: New, change, etc.—Use Side Two

Date 2/1/90
Prepared By XX
Entered By _____

CHECK ONE	CHECK ONE
<input type="checkbox"/> Client <input type="checkbox"/> Non-Billable <input checked="" type="checkbox"/> Matter	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/> Transfer <input type="checkbox"/> Close <input type="checkbox"/> Reopen <input type="checkbox"/> Activate <input type="checkbox"/> Inactive

CLIENT/NON-BILLABLE — To ADD or CHANGE

Client # _____ Client Name _____

Date Opened _____ Group _____ Rate _____

Lawyer Responsible _____ Assigned _____ Originating _____

Billing Cycle _____ 1. monthly 3. semi-annual
 2. quarterly 4. annual Month to Bill _____ Statement Format _____

Contact _____
 and Telephone Number _____ Industry _____

Charge _____ Reminder _____ Client _____
 Interest _____ Statement _____ Address _____

Name and Address _____

CLIENT/NON-BILLABLE — To CLOSE, REOPEN, TRANSFER, or DELETE

Client # _____ Client Name _____

Close _____ Open _____

Transfer _____ Client _____

To Client _____ Client # _____ Name _____

Delete _____ Effective Date _____

BEST AVAILABLE COPY

Carella, Byrne, Bain & Gilfillan
CLIENT/MATTER DATA FORM

Side Two

MATTER—To ADD or CHANGE

Client # 325800 Client Name Human Genomic Science
Matter # 548 Matter Name (PROV) FAS Ligands (PF261)
Date Opened 2/1/96 Amount _____ Office _____
Review Date _____ CR PI Dept. _____
Review Date _____ Lawyer Responsible OSEMU
Matter OT Lawyer Assigned 120 GOF
Type _____
Reference _____ Rate _____
Billing Cycle _____ 1 monthly 3 semi-annual Month to Statement
2 quarterly 4 annual Bill _____ Format _____
Type _____ Description _____
Access Address (if different from client) _____

MATTER—To CLOSE, REOPEN, TRANSFER or DELETE

Client # _____ Client Name _____
Matter # _____ Matter Name _____
Close Matter ☐ Reopen Matter ☐ Transfer Matter ☐
TRANSFER TO:
Client # _____ Client Name _____
Matter # _____ Matter Name _____
Delete Matter ☐ Effective Date _____
Date to Destroy _____ Archives _____ Date Closed _____

TYPE OF FILE

Red Expanding _____ Brown Folder & Correspondence _____
Patent Folder X Litigation Folder (Pleading Boards, Corro, etc.) _____
Special Instructions _____
Requested by (Attorney) GOF Return to Zac

BEST AVAILABLE COPY